




PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number (Optional) 0668.CIRQ.DV3	
Application Number 10/757,381		Filed January 14, 2004	
Title TOUCHPAD HAVING INCREASED NOISE REJECTION, DECREASED MOISTURE SENSITIVITY, AND IMPROVED TRACKING			
Art Unit 2856		Examiner Dharia, Prabodh M.	
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.			
The requested extension and fee are as follows (check time period desired and enter appropriate fee below):			
		<u>Fee</u>	<u>Small Entity Fee</u>
<input type="checkbox"/>	One month (37 CFR 1.17(a)(1))	\$120	\$60 \$_____
<input type="checkbox"/>	Two months (37 CFR 1.17(a)(2))	\$450	\$225 \$_____
<input checked="" type="checkbox"/>	Three months (37 CFR 1.17(a)(3))	\$1020	\$510 \$ <u>1,020</u>
<input type="checkbox"/>	Four months (37 CFR 1.17(a)(4))	\$1590	\$795 \$_____
<input type="checkbox"/>	Five Month (37 CFR 1.17(a)(5))	\$2160	\$1080 \$_____
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.			
<input type="checkbox"/> A check in the amount of the fee is enclosed.			
<input checked="" type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.			
<input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.			
<input checked="" type="checkbox"/> The Directory is hereby authorized to charge any additional fees which may be required, or credit any overpayment, to Deposit Account Number <u>50-0881</u> .			
I am the <input type="checkbox"/> applicant/inventor			
<input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).			
<input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>39,793</u>			
<input type="checkbox"/> attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a) _____			
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.			
 Signature		<u>9/24/07</u> Date	
David W. O'Bryant Typed or printed name		(801) 478-0071 Telephone Number	
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.			
<input checked="" type="checkbox"/> Total of <u>1</u> form submitted.			